

Lee (J. G.)

See  
Mortality from Rabies  
Last 25 yrs. in Philada.

St. Louis

# MEDICAL JOURNAL.

VOLUME XIII.

1886.



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"in charge" is giving sulph, quinine, suggest the bromide, or the valerinate; and he should make it a point to always have these things somewhere about his old clothes, as the patient might recover entirely before the prescription could be sent for.

ART. 5. When a physician is called to consult in a case of puerperal fever, for instance, and the patient is not likely to recover under any plan of treatment, and the consulting doctor fails to get an invitation to treat the patient further in connection with the physician in "charge," he should go about town and tell everybody he can that the patient is not dangerously ill at all, and will be up in a few days if properly handled.

ART. 6. If a physician is called to consult in a case cerebro-spinal meningitis, and the patient be in *articulo mortis* when he arrive, he should not examine at all, but take in the situation at a glance, remembering that his opportunity for "turning a Jack" in the case will not last long, and hurry the other doctor out, and just stay out long enough to find out what he hasn't done. Then it shall be the duty of the consulting physician to pull off his coat, push up his sleeves and get to work. He must order water heated, and a tubful cold from the well or cistern, put some brick in the fire, go into his saddle-bags, if he be a country doctor, and get out something and give the patient, get out his hypodermic syringe, but don't use it; give the patient a half pound of epsom-salts if he can swallow. Send a fellow five miles for a big old-fashioned syringe, and another somewhere for some whiskey, and by this time the patient is in Paradise. The physician shall then make sure of the death, slowly gather up his instruments and things, and sorrowfully bid his audience adieu, and tell some one he may meet as he goes away that he was too late.



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## THE MORTALITY FROM RABIES IN THE LAST TWENTY-FIVE YEARS IN PHILADELPHIA.

BY JOHN G. LEE, M. D.

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During the past few months the profession and the public have had such a surfeit of the subject of hydrophobia that any further remarks may fail to excite that interest which all facts pertaining to this dread disease undoubtedly deserve.

Nevertheless, the following figures, obtained by me from the records of our local Health-Officer (thanks to the courtesy of Registrar Chambers, of that department), may possibly prove of interest to those studying its occurrence and mortality among the human species.

As neither in 1860 nor in 1884 were any cases of rabies reported to the authorities, our labors are narrowed down to the consideration of a period of only twenty-three years, from 1861 to 1883 inclusive, during which time sixty deaths from hydrophobia''(?) are registered. These deaths occurred by years in the following order:

1861 . . . 1 case.	1872 . . . 1 case.
1862 . . . 4 cases.	1873 . . . 1 "
1863 . . . 6 "	1874 . . . 3 cases.
1864 . . . 3 "	1875 . . . 2 "
1865 . . . 2 "	1876 . . . 4 "
1866 . . . 2 "	1877 . . . 4 "
1867 . . . 2 "	1878 . . . 2 "
1868 . . . 0 case.	1879 . . . 3 "
1869 . . . 7 cases.	1880 . . . 1 case.
1870 . . . 1 case.	1881 . . . 5 cases.
1871 . . . 1 "	1882 . . . 2 "
	1883 . . . 3 cases.

The smallest figure, 1, was recorded six times,—viz., in 1861 and 1880, and four times consecutively from 1870 to 1873; as to the higher figures, beginning at 7 for 1869, 6 for 1863, and 5 for 1881, then scaling downward with 4 deaths in three different years, 3 cases four times, and, finally, 2 cases six times, we were unable to observe any distinct periodicity in their occurrence, and hence may assume that the placid and unemotional temperament of our fellow-citizens has preserved them from the effects of panics taking place in other communities.

Next year's report of this year's mortality-statistics can not fail to prove interesting, on account of the opportunity they will afford for special observation as to whether the recent scares in neighboring States have exerted any influence here.

As in nearly all deaths due directly or indirectly to traumatic causes, we find the male element largely predominating, fifty-two of our sixty deaths being males,—a fact easily explained by the reason that men, from the nature of their occupations, are more exposed to the bites of rabid animals, as for the same reason and on account of the amplexness of dress the gentler sex run far less risk.\* Of the fifty-two males, twenty-two are recorded as adults and thirty-two minors, three of the eight female victims being adults and the remaining five minors, the latter in each instance showing an excess over the former.

Considering the ages of these cases in detail:

Period.	No. of cases.	Period.	No. of cases.
1 to 2 years.	1	20 to 30 years.	7
2 to 5 “	5	30 to 40 “	8
5 to 10 “	14	40 to 50 “	6
10 to 15 “	9	50 to 60 “	4
15 to 20 “	6		

Our figures correspond with the results of other observers,†

\*Vide “Rabies and Hydrophobia,” by George Fleming, F. R. C. S., etc. London, 1872.

†Vide Fleming, *op. cit.*



for, while no age up to sixty seems entirely exempt, nearly half the victims are children, the disease having taken place during what Bouley\* rightly calls "the age of imprudence, weakness, play, and teasing."

A record of the nativity of the dead having been kept only since 1871, this feature is therefore incomplete; though, as might be expected in our community, eight foreigners are outnumbered by twenty-four Americans.

The records of the months in which these deaths occurred is equally disappointing, beginning as it does only in 1874, since which time but twenty-nine persons have succumbed to this disease. These cases massed in groups of months in their relative order of frequency give us the following result:

December, 5 cases.	January, 2 cases.
February, 4 "	April, 2 "
September, 4 "	July, 1 case.
October, 4 "	November 1 "
March, 3 "	June, 0 "
May, 3 "	August, 0 "

Which again grouped by seasons:

December, 5	} 11 cases.	March, 3	} 8 cases.
January, 2		April, 2	
February, 4		May, 3	
June, 0	} 1 case.	September, 4	} 9 cases.
July, 1		October, 4	
August, 0		November, 1	

These figures may be too few to show conclusively that seasons or months influence to any marked degree the occurrence of rabies in Philadelphia.

It ought, however, to be stated that an analytical study of the Seventh, Eighth and Ninth Census Reports of the United States† shows a different result. One hundred and twenty-seven deaths from rabies are reported from the whole

\*Vide "Hydrophobia: Means of avoiding its Perils, etc.," by H. Bouley, of Paris, translated by Liautard. New York, 1874.

†The nosological classification of the Tenth Census does not specify "hydrophobia."

country for the three census years. They occurred by seasons as follows:

Seasons.	1850.	1860.	1870.	Total.
Winter . . .	9	9	13	31
Spring . . .	8	5	13	26
Summer . . .	6	15	20	41
Autumn . . .	3	9	17	29
Total . . .	26	38	63	127

Grouped by months for the years 1860 and 1870 only, August heads the list with 18 cases, followed by June with 11; September, with 10; January, April, October, November, 8 each; December and February, 7 each; March and July, 6 apiece; May coming last, with four cases,—the greatest number of cases occurring in the summer.

Sixty-seven of the total number of cases were minors, and sixty were adults, their ages ranging from twenty to ninety years. Eighty-three were male and forty-four females; thirty-three of the former are known to have been minors, as were also twenty-four of the latter.

These one hundred and twenty-seven cases are about fairly distributed among the different States and Territories, save that in 1870 the large number of twenty-two cases occurred in Louisiana.

As we have seen from the foregoing figures, the disease seems never to have committed any great ravages in our city. Indeed, while from 1860 to 1884, a period of twenty-five years, the expectancy of it occurring among any ten thousand births was 1.8, the real mortality has been but 1.4, to every ten thousand deaths from all causes. *Phil. Medical Times.*

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## NASAL ASTHMA—ITS CAUSES AND TREATMENT.

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Dr. G. Hunter Mackenzie thus writes in the *Brit. Med. Jour.* May 16, 1885: The casual relationship between nasal disease and asthma was first pointed out by Voltolini in



1872 (referred to by Morell Mackenzie, *Manual of the Diseases of the Throat and Nose*, Vol. ii., p. 360), and since that time numerous cases have been recorded which have established the accuracy of this observation. In all these instances, with one exception recorded by myself (*Edinburgh Med. Jour.* Feb. 1883), polypi, or marked swellings of the nasal mucous membrane, have been the varieties of disease present. This has given rise to the theory held by some, that the asthma is owing to the mechanical obstruction to the passage of air; and additional confirmation of this view is supposed to be afforded by the disease disappearing on the removal of the obstructing mass.

Against this theory two arguments can be advanced: the frequency of polypus or tumefaction of the nasal mucous membrane without asthma, and the presence of nasal asthma without the recurrence of either. The first is a matter of every-day experience, and the second has received illustration by the case above referred to, in which violent paroxysms of asthma were associated with a condition of chronic (atrophic) inflammation of the nasal mucous membrane, and ceased on the application of nasal remedies; and by the following case that has recently come under my notice:

A boy, aged 13, was brought to me on January 23, 1885, on account of a copious watery discharge from the nose, and asthma. He had suffered from these for about ten years, with slight periods of remission. The asthmatic attacks were often very severe, and generally occurred about 4 or 5 a. m. The condition of his nose, necessitated the use of from twenty to thirty handkerchiefs daily. Anterior and posterior rhinoscopy showed chronic catarrh of the nasal membrane, with a slight amount of muco-purulent secretion. There was no polypus or thickening of the membrane.

Though not robust, he presented no indications of disease elsewhere. (This patient has, apparently, quite recovered under the after mentioned treatment.)

What is the explanation of such cases? I believe the asthma to be owing, not to any mechanical obstruction of the